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REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>9-5-96</u>		2 Serial/Patent # <u>675969</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input checked="" type="checkbox"/>	Filing		<u>7-5-96</u>	\$ <u>78.00</u>								
<input type="checkbox"/>	Amendment			\$								
<input type="checkbox"/>	Extension of Time			\$								
<input type="checkbox"/>	Notice of Appeal/Appeal			\$								
<input type="checkbox"/>	Petition			\$								
<input type="checkbox"/>	Issue			\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/>	Maintenance			\$								
<input type="checkbox"/>	Assignment			\$								
<input type="checkbox"/>	Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ <u>78.00</u>								
10 REASON:		8 TO BE REFUNDED BY:										
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Treasury Check										
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/> Credit Deposit A/C #:										
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
11 REFUND REQUESTED BY: <u>T-2</u>												
TYPED/PRINTED NAME: <u>Carmenita Robn</u>		TITLE: <u>Legal Em</u>										
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308 3616</u>										
OFFICE: <u>OSRE</u> <u>OIPE</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u>[Signature]</u>		DATE: <u>9/9/96</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
C	330	1	08675969	00016	960709	960731	108	828.00
D	360	1	230576	36003	960709	960730	570	25.00
C	010	1	08675969	00169	960805	960808	103	44.00
C	010	1	08675969	00169	960805	960808	102	156.00

NO MORE TRANSACTIONS

END OF YOUR QUERY